



The Fortnightly
REVIEW

OF THE CHICAGO DENTAL SOCIETY

January 1, 1944

Volume 7 • Number 1



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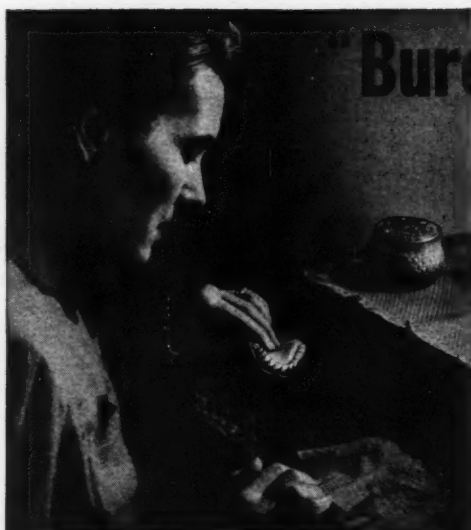


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ROBERT G. KESEL

EDITOR

L. RUSSELL HEGLAND

BUSINESS MANAGER

HERMAN C. GORNSTEIN, South Suburban; RAYMOND C. VAN DAM, Englewood; G. F. VOGT, West Side; KARL VON DER HEYDT, West Suburban; FREDERICK T. BARICH, North Suburban; FOLMER NYMARK, Northwest Side; HOWARD E. STRANGE, Kenwood-Hyde Park; Z. D. FORD, North Side.

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THE CALENDAR

- January 4th:** **Kenwood-Hyde Park:** Regular monthly meeting to be held at the Del Prado Hotel. Dinner at 6:30; meeting at 8 p.m. Dr. Wayne B. Slaughter and Dr. John F. Svoboda will discuss "Oral Surgery for the General Practitioner."
- January 10th:** **North Suburban Branch:** Regular monthly meeting to be held at the Orrington Hotel, Evanston.
- January 11th:** **Englewood Branch:** Regular monthly meeting, Hayes Hotel. Dinner at 6:30 and meeting at 8 p.m. Dr. Lester Boyd will discuss "Partial Dentures and Balanced Occlusion." The Dental Hygiene Institute's sound slide film "The Mortons Make Some Changes" will also be a feature of the evening.
- January 11th and 12th:** **West Side Branch:** Dinner and clinics to be held at Groetchen's Restaurant, 3929 West Madison Street, at 6:30 p.m., Tuesday, January 11.
- On January 12 at 2 p.m., colored movies and clinic demonstrating the principles of administering Vinethene Anesthesia will be shown in the Surgical Amphitheater on the 8th floor of the Cook County Hospital.
- January 15th:** **North Side Branch:** Ladies' Night at the Edgewater Beach Hotel. Informal. Telephone Dr. Russell Boothe, Longbeach 1283, for reservations.
- January 18th:** **West Suburban Branch:** Regular monthly meeting to be held at the Oak Park Club. Dinner at 6:30. Dr. Howard Miller will be the speaker. The annual election of officers will also take place.
- January 25th:** **Chicago Dental Society:** Regular monthly meeting to be held in the Red Lacquer Room of the Palmer House. Dr. Arvin William Mann of Birmingham, Alabama, will be the essayist. "Clinical Oral Manifestations of B Complex Deficiency Diseases," is the subject for presentation.

Announcements for this department are solicited but must be received at the Editorial Office not later than the fifth and twentieth of each month.

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of

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Annual Clinic Night Rings the Bell. Capacity Crowd Enjoys Show at Palmer House

About four hundred members and guests were in attendance at the monthly meeting of the Chicago Dental Society, December 21, and went home fortified with some of the latest developments in dental procedure; which could well be a part of every dentist's armamentarium. Each clinician was an expert in his or her particular field and each of them has had vast experience. The only drawbacks that were apparent to your reporter were the kibitzers (a kibitzer being defined loosely as a dentist who insists on telling the clinician how he, the kibitzer, can do it better). It was physically impossible for any one person to complete the circuit of clinicians in the time allotted, but the tables were so well arranged that at no time was peering over the shoulders necessary. Or maybe all the short dentists got there first. A routine business meeting preceded the regular program and at 8:30 o'clock the decks were cleared and ready for action.

FULL DENTURES AND ACRYLICS

The full denture fraternity was represented by John M. Besser who, despite his frequent appearances as a clinician, never fails to be a center of attraction. His technique on closed mouth modeling compound impressions apparently gets results. The field of acrylics was adequately covered by Edwin N. Cooper who showed his method of making di-

rect restorations. Fred R. Felcher had something new to offer in the handling of dental porcelains. Children's Dentistry had two able representatives in Elsie Gerlach and George Teuscher. Balint Orban, who is continually looking for better ways to treat periodontoclasia, still relies on silver nitrate to lick the more obstinate lesions. His statement that it takes nine weeks to complete a case left some of his audience breathless. Leland Johnson presented several "before and after" models in explaining how to determine the time to start orthodontic procedures. Some beautiful results of root canal therapy were shown by Robert N. Tanis. His premise that a good root canal filling offers ample protection seemed proved by radiographic studies.

ORAL SURGERY

An interesting array of dental anomalies was Earle Thomas' contribution to the program. Many of his films were unique and priceless. Larry Hill gave his classification of mandibular third molars together with some studies in radiographic interpretation. Glen B. Ross had some practical aids in exposure and diagnosis of x-rays which were of especial value to the dentist in general practice. Traumatic temporomandibular arthritis, a rather common ailment, came into consideration by L.

(Continued on page 14)

The Control of Infection in Jaw Fractures*

ELI OLECH, D.D.S., M.S., Chicago, Illinois

Since the great majority of jaw fractures are caused by accidents—either automobile, industrial or war injuries—and since, along with the jaw fractures there frequently are complications such as shock and skull fracture, which may endanger the life of the patient, it is often necessary to wait some time before attempting any treatment of the jaw injuries. Also, the early swelling which occurs quickly in these cases tends to interfere with their proper diagnosis and treatment. As a result weeks often pass before the fractured jaw may be treated. Therefore, infection is a very likely complication, and is a problem of major importance. Another fact which must be kept in mind is that the great majority of jaw fractures are compound through a break in the oral mucous membrane, skin or mucosa of the nose or accessory nasal sinuses. All compound fractures are potentially infected fractures and must be so treated.

The treatment of these may be divided into two parts: 1. Prophylactic and 2. Active. The active treatment may further be divided into treatment by, (a) the oral surgeon and (b) the patient. The discussion will be given under these heads.

1. PROPHYLACTIC:

I believe that scaling and polishing the teeth before placing any appliances is a very important procedure. The presence of calculus hinders the insertion of interproximal wires, and in some instances, actually prevents it. Teeth which are dirty and covered with debris and tartar to start with, will certainly get worse during the time an appliance is worn, since in most instances, one cannot brush the teeth with an appliance in place. These places harbor bacteria and so tend to prolong any infection present. After scaling and polishing the teeth, the mouth should be cleaned up by the use of a

good oxidizing agent. Commercial hydrogen peroxide, diluted with an equal amount of water is an excellent and effective solution for this purpose. It may be used liberally about the necks of the teeth and on the gums.

Next, the removal of broken tooth fragments in the line of fracture should follow. This brings up that controversial subject—the treatment of the tooth in the line of fracture. I believe that there is no set hard and fast rule regarding the treatment of the tooth or teeth in the line of fracture. Each case is a rule unto itself. The judgment of the operator should determine the fate of these teeth. I believe that in certain types of fractures in the lower jaw, for example, in a fracture extending through the socket of the last molar tooth, the tooth should remain as long as possible, because by its occlusion with the opposing molar in the upper jaw, the short fragment may be kept in good position. If this tooth is lost, the short fragment will be pulled up until it meets the upper jaw, thus creating a deformity and lack of motion later which is absolutely avoidable and unnecessary. However, if the tooth itself is badly fractured and in the line of fracture it will have to be removed in most instances. Again, let me repeat, I believe that this is a problem for the judgment of the oral surgeon in each individual case.

Broken loose pieces of alveolar process and bone which are detached from the periosteum usually should be removed. If this is not done, these pieces become necrotic foreign bodies, which in turn act as irritants and slow up the healing process markedly. Here again it is a matter of individual judgment to determine which pieces are to remain and which are to be removed.

Often, along with the fractured jaw there are fractured teeth, especially broken anterior teeth. Some of these are broken so badly that the pulps are exposed. When exposed, if the tooth is an

Read at the Seventy-Ninth Annual Midwinter Meeting of the Chicago Dental Society, February 24, 1943.

essential one, the pulp should be removed and treatment quickly instituted. If the tooth is not considered essential it should be removed. Any decayed or chronically infected roots, which might flare up later, should also be extracted. If the above mentioned things are done, I believe a big step in the right direction will have been taken in the control of infections in jaw fractures.

2. ACTIVE:

(a) Treatment by the Oral Surgeon.

1. Irrigation in the line of fracture.

To me, one of the most important things in the control of infection in jaw fractures is copious daily irrigation with sterile iodosaline solution in the line of fracture, using a syringe with a fine tip. Iodo-saline solution is made by adding thirty to forty drops of tincture of iodine to eight ounces of normal saline solution. This irrigation mechanically washes out the debris and pus which are in the line of fracture, thus cleansing the wound and aiding nature in her fight to combat the infection. Talbot's iodo-glycerole applied around the necks of the teeth at two to three day intervals is also helpful.

2. Treatment of Abscesses.

Abscesses, as they occur, should be opened and drained. The point of incision is dependent upon the point of fluctuation. These should be drained intraorally whenever possible. If, however, the point of fluctuation is below the lower border of the mandible, an extraoral incision is necessary. This always should be made in the shadow line, so that the slight resultant scar will be practically invisible. The technic of making an extraoral incision is very important. If done correctly, no injury will result to the nerves and blood vessels at the site of incision. It should be carried out as follows: After the field is prepared and anesthetized, a small incision is made thru the skin only. A closed mosquito forcep is then inserted into the incision and carefully forced thru the subcutaneous tissues into the abscess. One can tell easily when the pus is reached because the moment the pus is encountered it will travel along the forcep and be

seen at the point of entrance. The mosquito forcep is then opened widely and withdrawn with the blades open. This blunt dissection pushes aside any nerves or bloodvessels and so avoids any injury to them. If an extraoral opening is present one can usually irrigate from the intraoral opening out through the extraoral one. This through and through irrigation is extremely effective in the control of infection in the jaws.

3. Osteomyelitis.

A frequent complication of jaw fractures is suppurative osteitis, commonly called osteomyelitis, and necrosis. The treatment here is adequate ventilation and drainage. Conservative management, waiting until sequestration occurs and removing the sequestra as they form, is the method of choice. Supportive treatment should be given the patient.

4. Sulfonamide Therapy.

Another valuable adjunct in these cases is the use of sulfonamides. These may be used locally in the line of fracture in powder form, or as suspensions in normal saline solution. They may be given intraorally in tablet form or a combination of both local and intraoral methods may be used. Intravenous and subcutaneous administration is also advised by some men, but I believe these methods are unnecessary and should be used only when patients are unable to take the drug by mouth. In the administration of the sulfonamides, clinical experience has indicated that the best guide to adequate dosage lies in a determination of the levels of the drug present in the body fluids during therapy. The desirable blood levels of the free forms of these drugs are between five to fifteen milligrams per one hundred cc. When used locally the concentration of these drugs is eight hundred milligrams per one hundred cc. in the area, and this is maintained for thirty-six hours (Griess).

5. Possible Toxic Reactions to Sulfonamide Therapy.

In the administration of those sulfonamides, it must be kept in mind that they are not entirely harmless drugs—there may be toxic reactions associated with

their use. A history of toxic reactions by the patient, to one of these agents, should indicate caution in the subsequent administration of any of the sulfonamides. The following are the commoner unfavorable reactions noted:

1. Dizziness. It may be only slight or very severe.

2. Headache.

3. A diminution in mental acuity and physical response.

4. Loss of appetite with nausea and vomiting.

5. Cyanosis. This is sometimes due to the formation of sulfhemoglobin, and is responsible for the warning against the use of sulfate cathartics in sulfonamide therapy. Long and Bliss feel that cyanosis per se is not an alarming symptom and are inclined to disregard it in the absence of other symptoms.

6. Drug fever. This occurs in about ten per cent of the cases. It usually appears after five to nine days of therapy. It is usually high, may be intermittent and accompanied by chills, presenting a clinical picture somewhat like septicemia. Drug fever is a danger signal. When it occurs the use of the drug should be discontinued. The fever usually subsides in from twenty-four to seventy-two hours after administration has been stopped.

7. Skin rashes. Such reaction has been more common in patients exposed to the sun and the reaction is considered to be a type of photo-sensitization.

8. Acidosis. This seems to occur apparently only with the use of sulfanilamide. It may be avoided by the simultaneous administration of sodium bicarbonate or lactate.

9. Liver damage. Several instances of fatal termination have been reported, following a picture of jaundice or acute yellow atrophy.

10. Acute leukopenia with granulocytopenia. Leukocyte counts dropping to five thousand or less per cc. during therapy, should, in the opinion of Long and Bliss, indicate a prompt cessation of therapy, forcing of fluids, and diets rich in vitamins, particularly Vitamin C.

11. Anemia. This may be a mild form

characterized by a slow progressive drop in hemoglobin and in red cell count, or it may be an active type characterized by a sudden onset with a rapid drop in hemoglobin and red cell count. This latter is a serious toxic reaction.

A step which I believe should be carried out in all cases, is a test to determine whether the patient is a luetic or diabetic or has tuberculosis. If this is not done, one may find it quite embarrassing, to say the least, when after prolonged proper treatment, a jaw infection does not respond favorably. In these cases, proper medical management must be carried out together with treatment of the infected jaw.

(b) Treatment by the patient:

1. Oral Hygiene.

Patients must be impressed with the fact that scrupulous mouth hygiene is very important. They must be taught how to keep the mouth clean. Here I find that the use of commercial hydrogen peroxide diluted with an equal amount of water makes a very satisfactory mouth wash. If this is not available, a solution of potassium permanganate, cherry color, may be used. These should be used at least every three hours, and should be freshly made. Also, iodo-saline solution should be used freely as an irrigating agent.

2. Hot dressings.

If definite infection is present, hot moist dressings should be used at frequent intervals. Patients should be given definite instructions in the technic of applying these fomentations. The purpose of these is, of course, to help in the localization of any infection present and bring more blood to the site of the trouble.

3. Irrigating outfit.

It is a simple matter to teach patients how to assemble and use an irrigating outfit at home. A two quart irrigating can or fountain syringe is filled with hot sterile water to which has been added four level teaspoonsful of salt and one half ounce of tincture of iodine. The container is suspended a short distance above the patient's head. A rubber tube, which

(Continued on page 11)

Special Dental Problems of a Highly Industrialized Community*

W. M. MAGNELIA, D.D.S., Rockford, Illinois

Dentistry today is facing its greatest problems, and at the same time its greatest opportunity.

The major problem confronting the American dentist, in a nation fighting with every resource for its existence, is not fundamentally one of manpower. While many of our associates are in the armed services, most of us in civil practice could be contributing more to the nation's health and war effort. The latest data reveals that approximately fifteen per cent of the nation's dentists are serving with the armed forces, while the total will reach twenty per cent by the end of 1943. At the same time the general public, more prosperous than it has been in years, has more money to spend on dental services.

The average dentist, because of this dual situation, is naturally busier than he has been in recent years, but the increase in dental earnings is far from a true reflection of the huge demand for his services which should have developed.

I can think of no more convincing proof of this statement than the fact that, in the Sixth Service Command alone, there are on file hundreds of applications from dentists applying for army commissions. Patriotism and a desire to serve is the motive back of many of these, but at the same time, many more have been made because an army officer's pay is more attractive than the returns of private practice.

I cite these facts to illustrate my belief that the greatest problem facing the average dentist in our highly industrialized communities, with their immense possibilities for service, is the fact that the public on the whole is indifferent to, and unfamiliar with, the importance of dentistry. This conclusion is intended to be neither new nor startling. We are all

familiar with the fact that but twenty per cent of the people visit a dentist regularly. The startling feature of the situation is that the dental profession has been content to do so little about it.

However, a great deal of outstanding work has been done to present the profession's story to the public. I have no criticism of such efforts, but a remarkably small percentage of the practitioners have given this vital work their active support.

Indicative of the possibilities of comprehensive programs of public education is the record of the Dental Hygiene Institute of Chicago, which has functioned for the past year. I believe it to be of such importance that every component society throughout the nation should study its program closely and prepare to follow in its footsteps.

DIAGNOSTIC SURVEY

Another avenue of approach to the layman is through the industrial diagnostic survey. While most dentists are familiar with the operation of a successful dental diagnostic survey, I feel a brief review of the procedure we have worked out in Rockford, Illinois, might be interesting. The program apparently has avoided many of the professional objections which can hinder successful operation.

First, of course, the consent and cooperation of the employer must be obtained. Maintaining complete professional supervision of all phases of the actual work, the dental society provides, at the employer's expense, the services of an expert dental diagnostician and an x-ray technician. An x-ray machine is set up at the plant. Full mouth roentgenograms, fourteen films for each employee, are taken. As a preliminary, the objectives of the campaign are explained to the workers in a group through a re-

*Presented before the Section on Practice Management, Chicago Dental Society, February, 1943.

cording of a dental health talk previously prepared.

SELECTING DENTIST

After processing of the roentgenograms, the employees are given individual clinical examinations by the diagnostician, who uses charts and models to portray and explain the various types of dental defects. Each employee is asked the name of his dentist to whom the roentgenograms are to be mailed. A letter accompanies the roentgenograms explaining the objectives of the program and announcing that additional films will be taken if necessary. Included also are two postage paid postal cards for the dentist to return to the employer, one notifying the company that the employee has made his first visit to the dentist and that arrangements are made for treatment. The second is mailed when the treatment is completed, itemizing the work which has been done.

When an employee says that he has no dentist, he is asked to select one so that the films may be mailed to the dentist of his choice. This type of diagnostic survey has been in operation in Rockford for more than a year. The component society there is expanding its activities and hopes to introduce the program in all major industries in its jurisdiction.

Progressive industrialists are quick to realize the importance of the diagnostic survey, as is illustrated by the comments of Mr. Irl Martin, President of the Woodward Governor Company, where the program is well advanced. Mr. Martin writes as follows: "With the dental diagnostic survey in its second year as an established feature of our plant activities, I am pleased to report to you that it has justified both the enthusiasm and expenditure which created it.

"Our employees have been given a new insight into the importance of dentistry. The restoration of dental health which has followed the program here has paid untold dividends in better production and saving in man-hours. It is impossible to calculate exactly what the pro-

gram has meant to us, but its value is obvious.

"I am impressed by the thought that there is, in our great country, a tremendous field for the development of this work and trust that you and your professional associates will not relent in your efforts to extend it.

"If I may assist in any way to convince others of its benefits, please feel free to refer to me."

ABSENTEEISM REDUCED

Where the program has been in effect in our community a remarkable reduction in absentee records of employees can be noted. Latest statistics show that the number of man-days lost in industries will run from eight to ten per cent throughout the nation. In our community, where the program has been in operation, the man-days lost have been reduced to five and eight-tenths per cent for the year of 1942.

Of course, I do not intend to claim all the credit for the dental diagnostic survey. However, it is an important factor of the health program where such results have been accomplished and has been acknowledged by plant executives to be a great contribution toward this end.

As a result of our program in 1942, it developed that ninety per cent of the persons examined needed immediate dental attention. The other ten per cent had either dental services recently completed or were wearing dentures with no pathology present. Of the ninety per cent, eight months after the program had been instituted, sixty per cent had their dental work completed.

Significant at this time is the fact that industry is financially prepared to pay for dental diagnostic activities. Production is of paramount importance, and cost, generally the factor holding back such a development, is of secondary importance. The interest of organized dentistry in the expansion of such services, coupled with industry's ability to handle the financial problem, makes the time ripe for hard-hitting development of dental diagnostic services.

Organized dentistry's interest in acquainting the layman with the value of its services must not be regarded as a selfish one. Rather, it is a responsibility which we owe to the nation. The worker who is away from his machine in a war plant because of some ailment traceable to dental defects has lost time that cannot be replaced. It is our responsibility to see that such lost time is reduced.

This fact has been recognized by Thomas Parran, Surgeon General, United States Public Health Service, who has stated that public health agencies must prepare American manpower in industry, as well as in the combat service, for a long war. He has further stated that we should draw the blue prints NOW for nation wide action to put all our knowledge to work in this emergency.

OFFICE HOUR REVISION

In addition to the broad general problem, we must refer also to the problem of the individual dentist. We must sacrifice some of the ease which we enjoyed in years of peace; then our presence in our offices was not considered a vital factor in the nation's existence. Dentists, particularly in industrial communities, must consider revision of their hours. It may not be necessary to spend more time at the office, but the time spent there often can be revised to coincide with the shifts working in war plants. This staggering of hours has worked well in many communities to facilitate transportation. It could work as well to facilitate the work of the dentist. Evening appointments are a slight concession on our part when we consider that the men on the fighting fronts are risking their lives for us.

While twenty per cent of the public is receiving dental attention, eighty per cent is in need of it. A large percentage of the workers who present to a dentist are brought by an emergency—a painful toothache has developed or dental discomfort has manifested itself in some other way.

The man who goes to work suffering from a dental infection is not an efficient employee. No one can hope to estimate the man-hours lost from this cause, for

surveys have proved that dental infections are second only to the common cold as an affliction of the industrial worker. I feel that the dentists in today's industrial communities owe more to their patients and their country than the elimination of the immediate discomfort which brings them to the office. A few extra minutes spent giving the patient a complete diagnosis of his dental condition and professional advice as to the services he needs is not only good business but is also a patriotic duty. The temptation to finish a patient as quickly as possible and get on with the next one is strong with us all, but in the case of an industrial worker a little extra attention is advisable.

None of us knows exactly what the months and years ahead may bring to the dental profession. We all may be sure, however, that our work will become increasingly heavy and of increasing importance. I feel that today as never before the dentists of the nation have an outstanding opportunity to bring to their profession the public consideration which it rightly deserves. However, such full recognition will be attained only if the dentists themselves are untiring in their efforts to promote dental health education programs.

CONTROL OF INFECTION

(Continued from page 8)

leads from the outlet of this container, is equipped with a curved medicine dropper or any other fine tipped point. This point is placed at the site of the infected area in the mouth, and with the patient leaning over a sink or basin, the solution is allowed to run freely from the irrigating can into the mouth and out again into the basin or sink. The above proportion of water, salt and tincture of iodine make a one per cent sterile iodine solution, which, in my opinion, is one of the very best irrigating agents for this purpose.

I believe that if all the above suggestions are carried out meticulously the control of infection in jaw fractures will not be much of a problem.

Englewood Branch Holds Old Timers' Night

Dr. Alexander Gives Resumé of the Past Twenty Years

Twenty-five members of the Englewood branch of the Chicago Dental Society were inducted into the Old Timers' Club at the meeting of that branch on December 14. The requirements for this distinction are membership in the Englewood Society and twenty years a dental graduate.

The induction ceremonies were performed by Dr. Howard Alexander, who was made Dean Emeritus for the occasion by Chairman Reuben Anderson. Englewood is the only place, 'tis said, where a man can become Dean Emeritus without ever having been a Dean. After getting into his cap and gown, the intricacies of which proved a bit confusing, Dr. Alexander began his commencement address. He stated that the name Old Timers' Club for such an active and handsome group was a misnomer, that a more appropriate name would be the "Two Hours for Lunch Club." He reviewed the happenings in world affairs and in the activities of the Chicago Dental Society and the American Dental Association and proved that in retrospect the candidates were entitled to their new classification. Quoting from his address, he said:

A.D.A. IN 1923

"Suppose we turn back the calendar 7300 days to 1923 to see what was going on in the world the year you started practice. Then we will take a brief glance at the stirring events of the past twenty years.

"1923 was the first year the Association functioned under the name, American Dental Association. Late in 1922 the name had been changed from National Dental Association to American Dental Association. 1923 was the year of the great earthquake in Japan and the American Dental Association at its annual meeting held in Cleveland, September 10 to 14, passed the following

resolution:

"Whereas, the people and the members of our profession in Japan have suffered from one of the greatest catastrophes in the history of the world, therefore be it

"Resolved, that the American Dental Association hereby extends the most profound sympathy to the people and to the dental profession of Japan, and be it further

"Resolved, that adequate measures be adopted to give substantial relief to our confreres in Japan."

"The officers of the American Dental Association then were as follows: John P. Buckley, president; Otto U. King, general secretary, and Arthur R. Melendy, treasurer. At the annual meeting the presidency of the Association was taken over by Dr. William A. Griffen of Detroit. This meeting was attended by 7,000 people and the membership in 1923 was nearly 34,000. According to the 1920 census, there were 56,152 dentists in the United States. The approximate number of dentists in the United States at the present date is 70,000; 58,000 of whom are members of the Association. There were 3,271 graduates from dental colleges in 1923. The number was particularly large because so many of our boys came home from World War I and entered school.

C.D.S. IN 1923

"Harry B. Pinney was president and M. M. Printz was secretary of the Chicago Dental Society. A seven chair dental clinic was established in Cook County Hospital. The following year Julius Rosenwald offered to establish a dental clinic sponsored by the Chicago Dental Society; his proposal brought on a great debate.

"Now in the world at large—what was on the stage and who were the actors in 1923? President Harding died August

2 and Vice President Coolidge became president—taking the oath of office in the parlor of his father's house in Vermont. He was the first president to have the oath of office administered by his own father. Then followed a period of what we thought was great prosperity. 'Don't sell America short' was the watchword. We all found stock market reports the most interesting news of the day. Everybody bought stocks. One of our Englewood men told me recently that if he had sold he would have been worth \$100,000. He didn't say what he wound up with. You fellows who started practicing in 1923 really stepped into big money. Armistice Day 1923 was the fifth anniversary of World War I. We have learned since that the war was not over.

"Radio became popular. Those were the days when we used to sit up until the wee hours of the morning turning several dials reaching out for distant stations and next morning bragging about hearing Dallas, Texas, or Los Angeles, California. The allocation of wave bands was made in 1923.

"Aeroplanes received a great impetus during the war and were developing rapidly. Lts. Kelly and MacReady, Air Service U.S.A., on May 23, 1923, flew from the Atlantic to the Pacific non-stop in twenty-six hours and fifty minutes for a speed of ninety-three and one-half miles per hour.

EUROPE IN 1923

"What was going on in Europe? Recently we read in the daily papers about Hitler making a speech celebrating the twentieth anniversary of the Munich Beer Hall putsch. The birth of the Nazi party was in 1923. In 1928 the Nazi party numbered only 15,000.

"We had just had a world disarmament conference—England, Japan and the United States cut their navies and we reduced our army to 125,000. Very few saw that the path which we were following was dangerous. Secretary of State Hughes, speaking on some aspects

of our foreign policies said, 'We cannot dispose of these problems by calling them European for they are world wide.' Woodrow Wilson speaking to a crowd before his S street home—his last public speech, Armistice Day 1923—again held high the unshaken torch of his belief. He warned, 'We must arm as we never armed before unless we cooperate with other nations to prevent world wars.' Now in 1943 we see the wisdom of his words.

DEVELOPMENTS IN 1923

"A brief review of the past twenty years would read something like this: The richest and poorest era of all time—the wildest and the meekest . . . Speakeasies mushroomed everywhere with needled beer and bathtub gin. . . . Black Friday brought the end of two cars in every garage and the start of the great depression. . . . The Lindberghs circled the globe five years after his flight to Paris. . . . Chicago celebrated a Century of Progress. . . . New Deal Franklin and Eleanor entered the White House and stayed. . . . Number one movie hero, Walt Disney's Mickey Mouse, was decorated by the League of Nations. . . . Edward VIII abdicated to marry 'The woman I love'. . . . 'Gone With the Wind' set a new book selling high. . . . In 1939 the Dixie Clipper made its first passenger flight from Long Island to Lisbon with twenty-two passengers. . . . New York opened its 1939 World's Fair. . . . Hitler's panzers blitzed Poland, Europe blacked out and World War II started. . . . After nine months of 'phony war' the Nazis invaded the Lowlands; France fell; Winston Churchill became Prime Minister; England was air blitzed—'Never was so much owed by so many to so few'. . . . December 7, 1941, Pearl Harbor was attacked; the United States declared war. . . . Now ration books are in every hand; the Allies are on the offensive and victory is assured.

"After living through these historic years you should feel like Old Timers. It is my privilege to present to each of you

a certificate of membership in the Englewood Old Timers' Group. This certificate prepared by Rodney Marks is beautifully done and I am sure will be cherished by each of you. It does more than certify your membership, it expresses appreciation of your twenty years of faithful service to your chosen profession."

Those so honored were: Carl H. Banks, William H. Benson, Rhea E. Black, George D. Bone, Lawrence Bult, J. N. Campbell, Daniel L. Claiborne, Harold E. Clinite, Samuel Davitz, John J. Gilroy, Seymour N. Gould, E. C. Hammersmith, J. M. Hirsch, M. J. Hoffman, Robert L. Jaffee, Bernard J. Knitter, W. E. Laederach, M. T. Lanser, Lon W. Morrey, Benjamin F. Parlin, Maxim J. Pincus, Manuel M. Robin, J. B. Sherman, Edward C. Wach and E. W. Zagers.

SERVICE MEN HONORED

Dr. Frank Hurlstone, president of the Illinois State Dental Society; Dr. Leo Kremer, president and Dr. Harry Hartley, secretary of the Chicago Dental Society; Capt. Fred Molt of the U. S. Navy and Col. Arnett Matthews were introduced and spoke briefly following the dinner. In the pre-commencement exercises members of the Englewood branch who had entered the armed forces were honored. Dr. H. C. Buttery presided over this phase of the program and unveiled an impressive plaque which he personally had prepared containing the names of 103 men who comprise Englewood's Roll of Honor. After Dr. Buttery talked concerning those serving in the present war he asked those members who had served in the last war to rise. A number arose including Dr. Carl Banks, chairman of the Military Affairs Committee, who had received the Purple Heart, the Croix de guerre and the Distinguished Service Medal in World War I.

It is the custom at this meeting to introduce past presidents of the Englewood Society. Many of those who had occupied this office from 1901 to 1942 were in attendance.

Dr. Franklin B. Clemmer, who has served organized dentistry faithfully and well in numerous capacities, was cited for his meritorious service. He received a beautifully embossed plaque.

The meeting concluded with an impressive talk by Lt. R. C. Ragan, at present an ordnance officer at Great Lakes, who has been decorated with three campaign bars and the Purple Heart. He told well of his harrowing experiences in the South Pacific on the battleship South Dakota.

The committee in charge of the Old Timers' night consisted of Reuben A. Anderson, chairman; Charles J. Coffey, secretary; John L. Lace, Walter J. Miller, J. J. Moran, James L. Oldaker and Michael H. Walsh. They were severally congratulated on the fine meeting they produced.

DECEMBER MONTHLY MEETING

(Continued from page 5)

W. Schultz. He demonstrated a rather simple injection procedure which has been ninety-seven per cent successful in treating this annoying condition. Cephalometric diagnosis, a term to conjure with, was the subject of the clinic by John R. Thompson. Reduced to more simple language, it means the x-ray study of the vertical dimensions of the face. It applies to both orthodontia and prosthesis. "The physiological rest position is a constant and under control of the muscles. If the extension is beyond the normal, it will result in the resorption of the underlying bone in prosthetic cases or the depression of teeth in orthodontic treatment."

GOLD INLAYS

Leo S. Seidner was at his best in demonstrating his gold inlay technique and many there were who benefited therefrom. To round out this well balanced program several manufacturer's representatives were present to give helpful hints on various dental materials and processes.—James H. Keith.

For 1944 Be It Resolved

That Organized Dentistry:

1. Continue to develop and expand methods for impressing the public with the importance of dental health and for stimulating desire for dental service
2. Seek satisfactory means for providing wider distribution of dental treatment without jeopardizing either the public health or professional standards
3. Exemplify in every way the spirit of true democracy within the profession of dentistry
4. Encourage and maintain facilities for the improvement of the professional and educational attainments of its members
5. Investigate studies to learn the dental effects of nutritional deficiencies in war torn countries
6. Contribute in every way possible to the speedy, victorious victory of the war.

That the Members of Organized Dentistry:

1. Be mindful of the golden rule—particularly in treating the patients of colleagues in the service. Do or say nothing to shake the faith of patients in their dentist
2. Vice versa—dentists in the armed forces do or say nothing to injure the interests of the members left in civilian practice
3. Do not waste material nor purchase unnecessary quantities of supplies
4. Be more civic minded, individually and collectively—more active in community and national affairs
5. Be cognizant of and keep abreast with changes in the world about them
6. Support dental society activities; join such beneficial movements as the Dental Hygiene Institute
7. Contribute in every way possible to the speedy, victorious conclusion of the war.

Victory Corps Dental Program in Chicago

Public Relations Committee Secures Cooperation of Board of Education

How dentists in private practice can contribute to the war effort without as much as leaving their offices is told by the Victory Dental Program Committee, Council on Dental Health of the American Dental Association. The civilian dentist can help to increase the physical fitness of the war manpower right at the dental chair by giving priority appointments to the boys and girls in the upper high school grades who will shortly be entering the armed forces or necessary war industries.

The Chicago Dental Society has taken steps to correlate its efforts with those of the American Dental Association and the Illinois State Dental Society in the dental phase of the Victory Corps Physical Fitness Program. The active work has fallen to Dr. Thomas E. Fleming in his position as chairman of the Public Relations Committee.

In discussing what has been accomplished, Dr. Fleming said, "We have been very fortunate in enlisting the help of Mr. A. H. Pritzlaff, the director of the physical education department of the Chicago Board of Education. He has requested the physical instructors in the high schools to use the material that is furnished by the state department of public health. A red, white and blue pledge card and explanatory literature has been planned for distribution to the senior students in the Chicago high schools. Inducements in the form of points for health credit has also been suggested."

"The Dental Hygiene Institute," Dr. Fleming went on, "has been very active in its efforts to cooperate. It has appeared before senior student groups with a colored film which has been furnished by the American Dental Association. The Institute in its talks has stressed the objectives of the physical fitness program which are:

1. "To graduate from high schools, boys and girls dentally fit, so that they will not, because of dental deficiencies,

be kept from military and civilian activities in which their services are needed.

2. "To correct existing dental defects and to prevent future defects by enlisting the services of the family dentist, and thus help to reduce the heavy burden being carried by the overloaded military dental corps.

3. "To enable high school students entering military or civilian war service to begin training immediately without loss of time necessary for dental rehabilitation.

4. "To not only meet the immediate dental needs of prospective inductees and high school students entering civilian war work, but also to further extend dentistry's long range educational program for the control of dental disease."

NATIONAL SCOPE

A nation-wide Physical Fitness Dental Program is now being conducted by the Council on Dental Health with the cooperation of the United States Office of Education and the United States Public Health Service. A recent issue of "Education for Victory," the official publication of the United States Office of Education, carries a leading story in which dental care is stressed as an important aim of education in wartime. Educators and school health workers are called on to support the dental fitness program as one of the essentials in the Victory Corps and Physical Fitness Programs now operating in the various states and local communities.

This program presents a striking example of the cooperation of organized dentistry and state health and educational agencies, and is a direct challenge to the private dentist on the home front. Many dentists in private practice are finding themselves hard pressed to keep up with the demands of patients for service. The induction of dentists into the armed services has left many communities without private practitioners in

(Continued on page 28)

Management of Children in General Practice

West Side Branch to Stage Two Day Clinics on Children's Dentistry

Progress in children's dentistry has been rapid in recent years, and many of the younger practitioners who have received the latest training in this field are now in the armed forces. Thus, temporarily, the wheels of progress in the rehabilitation program of our next generation have been slowed.

The officers of the West Side branch of the Chicago Dental Society are aware of the fact that the most effective way to keep dental caries under control in the future is by the early care of the dentition. The dental examinations which were conducted by the Selective Service System revealed the tremendous amount of dental treatment needed in our young adult population and the practical impossibility of restoring all of these mouths to a healthy condition. With this thought in mind the program committee was authorized to develop a refresher course in the form of table clinics on the subject of children's dentistry, particularly for the benefit of the older practitioners who are now shouldering the main responsibility for children's dental care.

The table clinics will be arranged in progressive steps demonstrating practical procedures for the dentist to follow in the management of children. These procedures will include the following clinics:

1. *Study Models*, Dr. Arthur Mayer—Models will be shown demonstrating conditions of malalignment.

2. *X-Rays*, Dr. Seymour Gould—One can detect by x-ray at an early age some of the causes which may later lead to malocclusion.

3. *Pulpotomy*, Dr. John Burton—A method for retaining the space in the dentition by saving the deciduous teeth will be demonstrated.

4. *Acrylic Bite Planes for Anterior Teeth*, Dr. Elsie Gerlach.

5. *Space Maintainers*, Dr. Truman De Witt.

6. *Filling Materials*, Dr. Arthur Adelberg—Models to demonstrate different types of fillings and their advantages will be shown.

7. *Caries Activity Tests*, Dr. E. C. Wach and J. F. O'Donnell.

These clinics are to be held on Tuesday evening, January 11, shortly after the dinner which starts at 6:30 p.m. at the Groetchen Restaurant, 3929 West Madison Street.

Dr. Kropik, Chairman of the Program Committee, states that preventive orthodontics as demonstrated by the above clinicians should be practiced by the general practitioner since by his periodic examination of the child he can denote any deviation from the normal. The dentist can provide a real service in preventing a malocclusion by watching for the interference of normal growth of the jaws and the position of the teeth such as 1. Mouth habits. 2. Too long retention of deciduous teeth. 3. Premature loss of teeth. 4. Congenitally missing teeth. 5. Abnormal growth of jaws due to impacted supernumerary teeth, adenoids, etc.

The dentist can draw the parents attention to the malocclusion and advise the proper treatment, or if it has passed the preventive stage then refer the case to a qualified orthodontist.

VINETHENE

On the following day, Wednesday, January 12, at 2 p.m. on the eighth floor of the Cook County Hospital in the surgical amphitheater of the main building, colored moving pictures will be shown. They will demonstrate the principles of administering vinethene anesthesia. This movie will then be followed by a practical demonstration of extracting children's teeth with the use of vinethene anesthesia as done in the Cook County Children's Dental Clinic.

(Continued on page 22)

NEWS AND ANNOUNCEMENTS

MAJOR COFIELD MADE COLONEL

Kenneth R. Cofield has been promoted from the rank of major to that of lieutenant colonel and has been made chief of the dental service at the Gardiner General Hospital. This promotion became effective the middle of December. In addition to his new duties he will continue his liaison activities between the office of the Surgeon General and the American Dental Association. The Gardiner General Hospital located on Chicago's south side was formerly the Chicago Beach Hotel. Colonel Cofield has been stationed at the offices of the A.D.A. for the past eighteen months and has made many friends in organized dentistry; they are pleased to see his conscientious services receive this deserved recognition.

ROOT CANAL THERAPY SOCIETY MEETS

The Society which is being organized to promote the study of root canal therapy will hold its first regular annual meeting immediately following the Mid-winter Meeting of the Chicago Dental Society, according to an announcement from the secretary of the Society, Dr. John Hospers. A dinner and business meeting will be held Wednesday, February 23. At this time Dr. W. Clyde Davis of Lincoln, Nebraska, president of the Society, will give the president's address and one of the items of business will be the adoption of the constitution and by-laws prepared by a committee under the direction of Dr. Louis I. Grossman of Philadelphia. The scientific program will be given on Thursday. Dr. G. P. Bannister of Cleveland, Ohio, chairman of the Program Committee, has secured the following speakers to discuss the subjects as indicated: Drs. L. Pierce Anthony and Louis I. Grossman, *A Brief History*

of Root Canal Therapy in the United States; Dr. Emmet Bay, *A Physician Looks at the Root Canal Problem*; Dr. A. H. Mueller, *Morphology of Root Canals*; Dr. Robert G. Kesel, *The Bacteriologic Aspect of Root Canal Therapy*; Dr. Thomas J. Hill, *A Pathologist Looks at the Root Canal Problem*; Dr. S. Marshall Weaver, *Evidence of Histologic Repair Following Root Canal Therapy*; Dr. Ralph Sommer, *A Clinician Looks at the Root Canal Problem*.

WAR CAUSING HEAVY EAR CASUALTIES

It is estimated that there will be at least a quarter million hearing casualties in the armed forces following the war. In a report to the American Academy of Ophthalmology and Otolaryngology, Dr. Walter Hughson of the Otological Research Laboratory, Abington, Pennsylvania, stated, "At the close of World War I there were an estimated 40,000 aural casualties of all degrees from hearing impairments returned to civilian life from the forces of the United States. At the present time there are six times as many men in our Army, Navy and Marine Corps. On a purely numerical basis we may expect a half-million aural casualties in this war. That the actual number will be much greater could hardly be questioned." He pointed out that while the men chosen for combat flying are required to have perfect hearing, it is believed that none of these men will return to civilian life with normal hearing. The usual medical treatment for deafness of this type is relatively ineffective and it is unlikely that any acquired war deafness will be amenable to surgery or the other types of treatment that are employed for the correction of chronic ear infection. Dr. Hughson said "There is but one ready solution to this present and impending problem and that is the proper fitting of an adequate hearing aid."

NEWS AND ANNOUNCEMENTS

DR. HOWARD MILLER GIVES COMMENCEMENT ADDRESS

Dr. Howard Miller, member of the Chicago Dental Society and Trustee from the 8th District of the American Dental Association, returned to his alma mater, Creighton University, to deliver the annual commencement address for the dental and medical graduates. The wartime commencement exercises for the Schools of Dentistry and Medicine were held in Omaha, Nebraska, Monday, December 20. Dr. Miller's address was concerned with present and post war problems confronting the health professions. The commencement program was preceded by a dinner at which Dean Frank J. Viner of the Dental School was toastmaster. Following the conferring of degrees, the oath of office was administered to those who were to enter the Army and Navy Dental and Medical Corps.

CHICAGO DENTAL SOCIETY MONTHLY MEETING JANUARY 25

The Chicago Dental Society will hold a monthly meeting on January 25 in the Red Lacquer Room of the Palmer House. The speaker will be Dr. Arvin W. Mann of Birmingham, Alabama. He will discuss "Clinical Oral Manifestations of B Complex Deficiency Diseases." Dr. Mann has had extensive experience in the field of nutrition.

DENTAL HEALTH WEEK MARCH 20-25

Chicagoland's second annual Dental Health Week is scheduled for the week of March 20-25, under the sponsorship of the Chicago Dental Society and the Society's public relations affiliate, the Dental Hygiene Institute of Chicago. Activities will spotlight the importance of dental health in war time.

The "Week" is an old but still very effective publicity device. Through this medium, public attention is focused on dentistry. Dental health is made "spot" news, and publicity may be asked for and obtained which ordinarily would not be available.

Last year's Dental Health Week was highly successful. This year, it is planned to enlarge the program.

Arrangements are being made for posters, newspaper publicity, radio talks, and exhibits. Instead of a luncheon to open the Week's activities, as last year, the Institute is planning an afternoon massmeeting for women's clubs, parent-teacher associations, and similar organizations. It is hoped, also, that arrangements can be made for dental health speakers on the programs of major civic clubs during Dental Health Week.

INSTITUTE MEMBERSHIP DRIVE

New members enrolled by the Dental Hygiene Institute since the previous list was published in THE FORTNIGHTLY REVIEW of November 1 include the following dentists:

Maurice S. Altus
Reuben A. Anderson
B. T. Apke
Joel D. Arnold
D. T. Barcroft
Guy F. Bayly
J. M. Beckett
Timothy M. Bishop
Arthur W. Blim
H. C. Blohm
P. A. Boclens
John S. Boersma
John E. Boodin
Leonard C. Borland
Lester W. Boyd
Allan G. Brodie
Stanley A. Broniarczyk
Albert R. Bunta
Bruce W. Bush
Milner W. Case
George J. Casserly
I. J. Chrastka
G. L. Christopher
Harry W. Chronquist
Emmens S. Coe
A. F. Conarty
Harry J. Cornwell
Sylvester W. Cotter
I. L. Cowen

Vernon E. Cultra
Edward B. DeKoven
Neil G. Desenis
Alfred J. Drew
Henry J. Droba
Walter E. Dundon
E. L. Dunn
William R. Eberle
N. M. Elliott
Philip S. Faillo
M. R. Falstein
J. W. Ferm
Wayne L. Fisher
C. W. Forslund
W. K. Frakes
A. H. Frey
George N. Frost
Alfred H. Fuesle
John M. Gates
Chester J. Geduldig
Carl W. Gieler
Walter Goldsmith
Sidney B. Goodney
Victor T. Gorecki
Gail I. Gould
E. A. Greer
W. C. Griffin
Frank S. Harris
Basil I. Hayes

(Continued on page 21)

LETTERS

OFFICE FOR EMERGENCY MANAGEMENT
WAR MANPOWER COMMISSION
Washington 25, D. C.

December 9, 1943

Air Mail

To: Dental State Chairmen

From: Directing Board, Procurement
and Assignment Service

Subject: Procurement of Dentists

The Surgeon General of the Army has this date, December 9, 1943, informed this office that procurement for the Army of dentists from civil practice has ceased. However, all cases actually in process for commissions will be completed. Therefore, do not refer any more dentists to the Army Procurement Office until further notice.

This does not mean that recruitment has stopped, because the Navy needs many more dental officers from civilian life. Therefore, continue providing available dentists and refer all names to the Navy Procurement Office and to the Central Office so that invitations and availability clearances can be prepared in the usual manner.

You will be notified when and if the Navy procurement ceases.

December 15, 1943

To the Editor:

The War Service Committee desires to express its appreciation to the Secretaries of State Dental Societies, State Military Affairs Committees, and others, for their prompt response to the Committee's request for current information on the shortage of important instruments used in dental practice, such as hand pieces and burs, in order that the information might be assembled and presented to the War Production Board. Forty odd states responded, which gives the Committee and the WPB a fine cross-section of the sentiment of the country on this vital matter of dental instruments. It will be used by the government agency mentioned in its delib-

erations with the officials of the armed forces, to the end that it is hoped an equitable distribution may be made between the armed forces and civilian practice. The result of the survey indicates clearly that there is a serious shortage in dental burs and dental handpieces and that additional efforts must be made by the manufacturers, with the aid of the War Production Board if necessary, to increase the production of these instruments.

Resharpening of dental burs, the increased use of stones, diamond points and cutting instruments, and the repair of hand pieces are being resorted to by thousands of dentists in civilian practice and in the armed forces, and the Committee emphasizes that this should be continued and extended by all members of the dental profession, including those in the armed forces, if we are to be carried through the emergency with minimum requirements.

Frequent conferences are being held with governmental agencies and with dental manufacturers, at which President C. Raymond Wells is in attendance, in an effort to alleviate these conditions so far as practicable. Some of these entail the protection of the manpower of the manufacturers, increased facilities, and include emphasis upon the use of diamond points and the re-sharpening of burs—all of which should have the prompt and complete cooperation of every dentist in civilian practice and the armed forces.

C. WILLARD CAMALIER,
Chairman, War Service Committee,
American Dental Association.

MEDICAL AND SURGICAL RELIEF
COMMITTEE OF AMERICA
420 Lexington Avenue,
New York, N. Y.

January 1, 1944

Dear Doctor:

There is a critical need for medical

LETTERS

and surgical supplies that may lie hidden and forgotten in your office: discarded or tarnished instruments . . . surplus drugs . . . vitamins . . . infant foods. Collected, packaged, sent to the Medical and Surgical Relief Committee, they can play a vital role in its program of medical relief for the armed and civilian forces of the United Nations.

Surgical instruments and medicines are sought after by physicians and pharmacist's mates of our Navy . . . are hungrily snatched by the medical corps of our Allies. The work of war-zone hospitals and welfare agencies is too often crippled by the lack of medical supplies. Community nurseries in this country, refugee camps abroad cry out for vitamins and baby foods for their ill-nourished charges.

In the pages of this journal you may have read about the Committee. It has supplied over 900 sub-hunting and patrolling ships of the Navy with emer-

gency medical kits; equipped battle-dressing stations on battleships, destroyers, and cruisers. The Committee's roll-call of medical requests—not one of which has been turned away—reads like a world geography; the Fighting French in North Africa and Tahiti; the Royal Norwegians in Canada and Iceland; the West Indies; South and Central Africa; China; India; Great Britain; Yugoslavia; Greece; Syria; Russia; Alaska, and, of course, the United States.

To meet the demands that pour into headquarters, the Committee needs all types of instruments, especially clamps, scalpels, forceps, and all kinds of drugs from iodine to sulfa products. By contributing what you can spare, you will help speed another shipment of sorely-needed medical aid.

Very sincerely yours,

JOSEPH PETER HOGUET, M.D.,
Medical Director.

NEWS AND ANNOUNCEMENTS

(Continued from page 19)

A. Henkin	Michael L. Levin
Robert J. Heurlin	Francis J. Linane
A. F. Hoffman	W. D. Mahoney
C. P. Hoffman	Alexis W. Maier *
William H. Holmes	Donald H. Mammen
Harold A. Hooper	Albert A. Mark
Maurice J. Horan	George Matula
Louis P. Horevitz	H. F. Methven
B. H. Hymen	Willard I. Morrey
E. L. Irish	Ernest Myer
Lee Jacobi	Barnett R. Nathan
Howard P. Jennings	Sam Needelman
Willard R. Johnson	Alois D. Newberger
R. E. Kadens	Elmer J. Nimitz
Olan B. Kibler	Balint Orban
Neil A. Kingston	Herbert F. Parker
Daniel D. Klein	James H. Pearce
Michael M. Kohen	Kenneth W. Penhale
Edmund A. Kokot	C. H. Peterson
W. Kopperud	Daniel D. Peterson
Daniel M. Kreger	J. D. Pett
Alfred C. Kuncel	Charles M. Pike
E. B. Kupfer	Robert G. Pinkerton
John L. Lace	James F. Plants
W. E. Laederlach	M. S. Poliak
A. J. LaGrow	E. Pommer
G. E. Landstrom	Bernard Rodin
John Frederick Lane	Howard L. Rosen
Hags C. Lange	Irving Rothenberg
M. M. Lappe	Philip G. Rubens
J. H. Larson	Julius G. Schmidt
R. L. Lasater	Godfrey Schroeder
Harold E. Leavitt	G. O. Schubert
Carl R. Leesman	Frederick W. Schulz

Edmond B. Schwalen
Edw. A. Shimandle
Otto Silberhorn
Elliott C. Small
G. M. Smith
Richard A. Smith
J. Spira
L. D. Strauss
J. A. Studebaker

Isamu Tashiro
David J. Thompson
Paul Thorelius
Frank M. Trangmar
Josephine E. VanderWolff
Louis G. Vogt
Kurt Wesely
Elmer F. Zierner

The membership drive has been extended through February, and it is expected that the goal of 1,000 members will be reached by the close of the Mid-winter Meeting. South Suburban, the smallest branch of the Chicago Dental Society, still leads with the highest percentage of its quota enrolled—64.7 per cent. North Side, the largest branch, is second, with 51.7 per cent of its quota. North Suburban is third, with 48.8 per cent; Northwest fourth, with 45.1 per cent; Kenwood-Hyde Park fifth, with 41.0 per cent; Englewood sixth, with 35.5 per cent; West Side seventh, with 35.1 per cent; and West Suburban eighth, with 30.9 per cent.

Regular Meeting of the Chicago Dental Society

December 1, 1943

Grand Ball Room—Palmer House

Meeting called to order at 8:00 p.m. by President Leo W. Kremer. Motion was regularly made and severally seconded that the reading of the minutes of the meeting of November 16 be dispensed with inasmuch as they had already been published in THE FORTNIGHTLY REVIEW. Motion carried. Motion was then regularly made and severally seconded that the minutes of the regular meeting of November 16 be approved as published in the December 1 issue of THE FORTNIGHTLY REVIEW.

Reports of Boards and Standing Committees—none.

Reports of Special Committees—none.

Unfinished Business—none.

New Business—

The Chairman asked Dr. J. L. Wilher, Chairman of the Salvage Committee of the Chicago Dental Society, to report. Dr. Wilher announced that the following representatives from each branch of the Society have been appointed members of the Salvage Committee: North Side—Julius Ferm, Northwest Side—I. A. Oveson, West Side—S. M. Rakow, Englewood—C. E. Bancher, Kenwood—Hyde Park—R. W. Joffe, North Suburban—E. W. Baumann, West Suburban—H. P. Westaby, South Suburban—E. C. Paulsen.

Dr. Wilher urged every member of the Society to cooperate in the salvage collection program by saving waste rubber and metal.

President Kremer then announced that the evening's program would consist entirely of table clinics presented by members of the profession and commercial houses. This program, he stated, was a new venture of the Program Committee but he felt sure that the entire membership would thoroughly enjoy it.

President Kremer then extended on behalf of the officers and directors the season's greetings and wished everyone

a very Merry Christmas and a Happy New Year.

The meeting was then turned over to Dr. B. D. Friedman, Chairman of the Monthly Meeting Program Committee. Dr. Friedman announced that the January meeting would be a lecture by Dr. Arvin W. Mann on "Clinical Oral Manifestations of B Complex Deficiency Diseases."

He then expressed his appreciation to all of the clinicians participating in the evening program and thanked them for their contributions. The clinicians were as follows: John M. Besser, Edwin N. Cooper, Fred R. Felcher, Elsie Gerlach, Larry E. Hill, Leland R. Johnson, S. A. Levin, Balint Orban, Glen B. Ross, L. W. Schultz, Leo S. Seidner, Robert N. Tanis, C. C. Rice, Austenal Laboratories, Inc.; Lynn Pratt, L. D. Caulk Co.; Lee J. Muzik, Thomas J. Dee & Co.; Hugh Davis, Dental Products Co.; Lawrence R. Fricke, Fricke Dental Mfg. Co.; J. E. Wertheimer, Minimax Co.; C. A. Groff, Oral Products; R. F. Perry, S. S. White Dental Mfg. Co.; Arthur Feldman, J. Yates Dental Mfg. Co., and E. X. Crowley, Columbus Dental Mfg. Co.

The meeting adjourned at 10:00 p.m. Approximately 350 members were present.

Respectfully submitted,

H. A. HARTLEY, *Secretary.*

WEST SIDE BRANCH CLINICS

(Continued from page 17)

For the past two years vinethene has been used in the hospital as a general anesthetic in more than one thousand cases. Under the able administration of Dr. Hugh Brown, Chief Anesthetist of the Cook County Hospital, encouraging observations have been made which will be discussed and demonstrated.

NEWS OF THE BRANCHES

NORTH SIDE

HAPPY NEW YEAR! That old saying that the hair of the dog that bit you the night before is good for what ails you, might apply here. At least you can taper off a bit before putting the New Year's resolutions into effect . . . And now about the resolutions: those who are burning the candle at both ends should resolve not to do it. Let's all resolve to work a little, play a little and enjoy life a little as we go along . . . Hurry! Hurry! Hurry! Russell Boothe says reservations are going fast and you don't want to miss Ladies' Night at the Edgewater Beach Hotel, January 15. It is going to be a real party such as you don't have an opportunity to attend but once a year. The party will be informal so you won't have to bother digging up the old "Tux" unless you are so inclined . . . Samuel Rosenberg reported to the armed forces late in November and is now in the Dental Corps at Randolph Field, Texas . . . Bob Huff's friends will be interested to know that he has two sons in service: Eugene Victor, in Navy Statistics, somewhere at sea, and Robert E. Jr., in army training for aviation at Syracuse, New York . . . Bernard Jacobson, who formerly practiced dentistry at Spring Valley, Illinois, now has his office at 2501 Devon Avenue, Chicago. We welcome him to the North Side . . . Harold Schwartz recently has been certified by the State Board as a dental specialist. Formerly in general practice at Wilson Avenue and Broadway, he now has an office in the Pittsfield Building and will engage in the practice of orthodontics . . . Clyde and Mrs. West spent the holidays at Watseka, Illinois . . . Al Young attended the Chicago District Golf Association banquet at the LaSalle Hotel . . . D. C. Potter thinks a few gray hairs shouldn't interfere with recreation and a little fun. He is one of our enthusiastic bowlers. Bill Young

wants two or three more bowlers to fill out the teams. Start the new year right by joining us . . . Again we hope to see you Ladies' Night.—*Z. D. Ford, Branch Correspondent.*

NORTHWEST

This is the time of the year when resolutions are made—some to be carried out faithfully and others to be forgotten. As dentists there are a few we can make that might be worthwhile; for instance, regular attendance at dental society meetings and clinics, and active participation in the affairs of our society. In the back of our head, we say, but I haven't time now. *This is the time*, because there is plenty to do. Learn how to do it better and faster. Another thing we can do is learn to sell the public the desire for good dentistry, and promote dentistry for that day when we again will compete with the refrigerator and automobile monthly installments. This line of thought suggests remembering to apply for the Dental Hygiene Institute membership . . . Leo Pierce is moving from the Klee Building to Belmont and Cicero . . . Capt. Arthur Duxler was on the welcoming committee when two other northwest siders reported for duty in India—namely, Lt. Corny Lewandowski and Capt. Alfred D. Kamin . . . My own resolution—Resolved to write a better and longer column—if I get postcards covered with news items. Happy New Year to all.—*Folmer Ny-mark, Branch Correspondent.*

WEST SIDE

Something new is being inaugurated by the West Side for the New Year—a clinic night on Tuesday, January 11, at the usual meeting place. Dinner at 6:30 will precede the clinics. Problems that will be encountered in the successful management of the child patient in

general practice will be presented. In view of what was disclosed by the numerous selective service rejections because of carious teeth, faulty occlusion, and missing teeth this clinic will prove of inestimable value. The program committee has decided to conduct this meeting with a series of progressive table clinics illustrating seven phases of practice—1. Study Models, 2. X-ray, 3. Pulpotomy, 4. Acrylic bite plate, 5. Space maintainers, 6. Models of occlusion, and 7. Study in caries. It has been suggested by the committee, and quite appropriately, that following the dinner everyone go through the line of clinics once rapidly to get a general idea of what is being presented. In that way everyone will know which phase of the presentation interests him most and he can return to it for further information. On the following day, Wednesday, January 12, at Cook County Hospital, the committee will present a colored motion picture dealing with the use of Vine-thene as a general anesthetic. This will be followed by a practical demonstration on a few patients, who of course will be child patients. This anesthetic has been in practical use for about two years with a great deal of success. The committee has worked very diligently to make these two days a highlight in the West Side branch calendar and it is up to each of us to be present and make them successful . . . This correspondent recently received a letter from Lt. James De Biasé, who is stationed at Ellington Field in Texas. The lieutenant states there is no better branch of service than the Air Corps . . . Harry Bernstein is passing out cigars in view of the happy event on December 13. Stewart is the name . . . William R. Gubbins, our secretary, is leaving for Great Lakes on January 20 . . . Joshua and Mrs. Vission are spending the Christmas Holidays at the Whitcomb Hotel, St. Joe, Michigan . . . The Arcolian Dental Arts Society, which has fourteen or fifteen of its members in the service, has just begun what should prove to be a fine thing for them. It has started to send a sort of bulletin

in which each of the members jots down a short paragraph or two to his particular friend in service who is also a member of the Arcolian. This together with the minutes of the previous meeting will be distributed to all the members in the service wherever they may be . . . Please don't forget Clinic Night, January 11, at Groetchen's and Clinic Day, January 12, at Cook County Hospital. Let's go all out!—*Vincent P. Vivirito, Assistant Branch Correspondent.*

WEST SUBURBAN

Howard C. Miller will be the speaker at the January 18 meeting of West Suburban. We bring him here after a very successful evening on the Chicago Dental Society platform. Those who heard him on that occasion will not be listening to the same talk, even though they may feel that it would be worth a second hearing. Also at this meeting, the annual election of officers will be held. Don't forget to call one of the dinner committee a week in advance for dinner reservations . . . Ione Kral was all aflutter the other day after returning from a trip to Florida, and who wouldn't have been? She and her son *drove* to Drew Field, Tampa, Florida, to deliver a car to Lt. George Crane who is stationed there. The wedding of Jeanne Kral and George Crane added considerable excitement to the trip. After the ceremony Ione rushed back on the "streamliner" where she met and "got real chummy" with Joel McCrea, the movie matinee idol . . . While still thinking of Florida: Earl Crawshaw made it a little tougher for Santa by making the old fellow follow him to the sunny south for the holidays . . . The ducks will be more plentiful next year because Merle Long had to stop hunting long enough to go to Louisville, Kentucky, to testify in a kidnapping trial . . . Clarence Hansen has become interested in the "plugging" of popular songs, since son, Owen, burst into melody. Owen, now in the South Pacific, has made his dad United States representative in charge of publication . . .

Joe Voita has found a way in which to reduce Christmas expenses. His Mrs. is laid up with a broken ankle. Seems pretty drastic to me.—*Karl von der Heydt, Branch Correspondent.*

ENGLEWOOD

With the ushering in of the New Year, and her fervent best wishes extended to all members, Englewood looks ahead to 1944. In general to us all this denotes Victory and Peace. More particularly, we dedicate these wishes to our fellow members who are serving in the armed forces of our country. Greetings and best of luck wherever you are! . . . To accentuate this good will, E. C. Buttery at Old Timers' Night, presented and unveiled Englewood's Roll of Honor, bearing the names of over one hundred fellow dentists. The making of this fine scroll took considerable time and effort and to brother Buttery, who accomplished this feat single handedly, we direct our gratitude. The military committee would appreciate being notified if the name of any deserving member has been unintentionally omitted from the Roll. This will be on display at all future meetings . . . The program committee favoring those practical-minded stalwarts, has obtained Dr. Lester Boyd for a discussion of "Partial Dentures and Balanced Occlusion" to headline the next meeting on January 11 at the Hayes Hotel. Dr. Boyd's knowledge and ability as a clinician on his subject is well known to us. As an added feature the Dental Hygiene Institute will present their new sound-slide film entitled, "The Mortons Make Some Changes." To you fellows who have recently joined the Institute, come out and see how your investment is turned into dividends of dental education! . . . Lt. Hugh S. Feeney and Lt. C. A. Sinard, both stationed with the Navy in California, are home on a holiday furlough, visiting their friends and families. How about a get-together Roselandites? . . . Louis Ahner spent the holidays with his son who is in Alabama training for advanced flying . . .

Congratulations are due Franklin Otto who became daddy to a baby girl on Thanksgiving day. Yes, cigars are scarce, Franklin, but otherwise it will cost you double next time . . . Capt. W. Fisher, son of C. M. Fisher, was married recently and is now home on a fifteen-day furlough . . . J. S. Zawadski has moved into a newly furnished office about a block south of his former location . . . Paul Zallys, acquiescing to the infirmities of old age, recently installed a new motor driven chair . . . With old man "flu" on the loose, Ed Werre and Jim Nolan took the count . . . Basking in the sunshine on some beach in Florida, Fred Wakerlin sends his sympathy to us less fortunates . . . E. V. Umbenhaur spent a few days shooting quail near Casey, Illinois . . . Incidentally, if your meat points have dropped to a starvation low, Rodney Marks, well known connoisseur of rabbits, says he's willing to help out a friend or two. Sh, Rodney has a couple in cold storage.—*R. C. Van Dam, Branch Correspondent.*

KENWOOD-HYDE PARK

Ring out the old and ring in the new, nothing but the best for the Kenwood crew. Our outstanding December meeting was a fitting climax to the 1943 succession of interesting and instructive programs. We covered "Plastics" that night from an informative discourse on their chemistry and physical properties by Mr. Ralph Signer, Professor of the Chemistry of Plastics at the Illinois Institute of Technology, through short discussions by Dr. Byron Kelly and Lt. LeRoy Kurth of the Navy. We heard a description of Lt. LaMar Harris' experimental work with co-polymers in making prosthetic surgical restorations, and finished with a beautifully done color movie on Acrylic Jacket Crowns, and a fine group of table clinics . . . We shall greet 1944 at our January 4 meeting featuring Drs. Wayne B. Slaughter and John F. Svoboda, of the Oral Surgery Department of Loyola University

Dental School. Their subject will be "Oral Surgery for the General Practitioner," and will be illustrated with Kodachrome slides. This program, the first of three to be put on by our dental schools, will be followed in succeeding months by programs from Illinois and Northwestern. Full credit for this excellent idea belongs to our capable and hard working program chairman, Dr. Fred Gethro, who is doing a marvelous job for us . . . Our December meeting was marred by the absence of President Methven, who was battling a bad attack of the "flu." We are happy to report he is making a nice recovery . . . It's another boy at the Louis Christophers; born Thanksgiving Day . . . Ernest Borgerding is attached to the Fleet Marines at San Diego . . . Franklin Wag-

ner, a new Kenwood member via the recent reshuffling, has also been assigned to the San Diego Naval Station . . . Bob Wells, chairman of our Procurement and Assignment Committee, reports that approximately seventy of our members are now in service. This is a sizable slice of our membership. It means that all of us stay-at-homes must support our dental society one hundred per cent to keep it flourishing, and with such excellent programs and well organized meetings as we now enjoy you can't afford not to attend. Make regular attendance at Kenwood one of the resolutions you keep . . . Your officers join in extending to all of you every best wish for a Happy and Prosperous New Year.—*Jack R. Flanagan, Assistant Branch Correspondent.*

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Rates: \$2.50 for 30 words with additional words at 3 cents each. Minimum charge is \$2.50. Charge for use of key numbers is 25 cents additional. Forms close on the 8th and 23rd of each month. Place ad by mail or telephone to

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Manuscripts and news items of interest to the membership of the Society are solicited.

Forms close on the fifth and twentieth of each month. The early submission of material will insure more consideration for publication.

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(Continued from page 16)

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